



03/030761

Type a plus sign (+) inside this box - 0010/PTO  
Rev. 6/95U.S. Department of Commerce  
Patent and Trademark Office

## DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

Declaration Submitted with Initial Filing      OR       Declaration Submitted after Initial Filing

Attorney Docket Number H 3597 PCT/US

First Named Inventor WUELKNITZ, Peter

## COMPLETE IF KNOWN

Application Number 10/030,761

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TOOTHBRUSH

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY) 04/19/2000 as United States Application Number or PCT International

Application Number PCT/EP00/03535 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
199 19 196.4	Germany	04/28/1999	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
		<input type="checkbox"/>

**Burden Hour Statement:** This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

## DECLARATION

Page 2

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP00/03535	04/19/2000	

Additional U.S. or PCT International application numbers are listed on a supplemental priority sheet attached hereto.

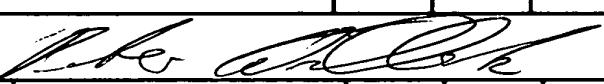
As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Firm Name _____	<input type="checkbox"/> Customer Number _____		
OR			
<input checked="" type="checkbox"/> List Attorney(s) and/or agent(s) name and registration number below:			
Name	Registration Number	Name	Registration Number
Wayne C. Jaeschke Kimberly R. Hild	21,062 39,224	Glenn E. J. Murphy Stephen D. Harper	33,539 33,243

Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number _____ or label _____	00423	OR <input type="checkbox"/> Fill in correspondence address below
Name	Glenn E. J. Murphy			
Address	Henkel Corporation - Patent Department			
Address	2500 Renaissance Boulevard, Suite 200			
City	Gulph Mills	State	PA	ZIP 19406
Country	USA	Telephone	610-278-4926	Fax 610-278-6548

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned					
Given Name	Peter	Middle Initial		Family Name	WUELKNITZ	Suffix e.g. Jr.	
Inventor's Signature					Date	16.11.01	
Residence: City	Leichlingen	State		Country	Germany 	Citizenship	Germany
Post Office Address		Im Erlengrund 9					
Post Office Address							
City	42799 Leichlingen	State		Zip		Country	Germany
Applicant Authority							

Additional inventors are being named on supplemental sheet(s) attached hereto

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental SheetName of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor

Given Name	Susanne	Middle Initial		Family Name	WITTIG	Suffix e.g. Jr.	
------------	---------	----------------	--	-------------	--------	-----------------	--

Inventor's Signature					Date		
----------------------	--	--	--	--	------	--	--

Residence: City	Koeln	State		Country	Germany	Citizenship	Germany
-----------------	-------	-------	--	---------	---------	-------------	---------

Post Office Address	Auf dem Roemerberg 22						
---------------------	-----------------------	--	--	--	--	--	--

Post Office Address							
---------------------	--	--	--	--	--	--	--

City	40968 Koeln	State		Zip		Country	Germany	Applicant Authority
------	-------------	-------	--	-----	--	---------	---------	---------------------

Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor

Given Name	Ruediger	Middle Initial		Family Name	VETTER	Suffix e.g. Jr.	
------------	----------	----------------	--	-------------	--------	-----------------	--

Inventor's Signature					Date		
----------------------	--	--	--	--	------	--	--

Residence: City	Duesseldorf	State		Country	Germany	Citizenship	Germany
-----------------	-------------	-------	--	---------	---------	-------------	---------

Post Office Address	Meliessallee 5						
---------------------	----------------	--	--	--	--	--	--

Post Office Address							
---------------------	--	--	--	--	--	--	--

City	40597 Duesseldorf	State		Zip		Country	Germany	Applicant Authority
------	-------------------	-------	--	-----	--	---------	---------	---------------------

Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor

Given Name	Yvette	Middle Initial		Family Name	KOSMETATOU	Suffix e.g. Jr.	
------------	--------	----------------	--	-------------	------------	-----------------	--

Inventor's Signature					Date		
----------------------	--	--	--	--	------	--	--

Residence: City	Kifissia Athen	State		Country	Greece	Citizenship	Greece
-----------------	----------------	-------	--	---------	--------	-------------	--------

Post Office Address	22, Strofiliou Street						
---------------------	-----------------------	--	--	--	--	--	--

Post Office Address							
---------------------	--	--	--	--	--	--	--

City	GR-14561 Kifissia Athen	State		Zip		Country	Greece	Applicant Authority
------	-------------------------	-------	--	-----	--	---------	--------	---------------------

Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor

Given Name		Middle Initial		Family Name				Suffix e.g. Jr.	
------------	--	----------------	--	-------------	--	--	--	-----------------	--

Inventor's Signature					Date			
----------------------	--	--	--	--	------	--	--	--

Residence: City		State		Country			Citizenship	
-----------------	--	-------	--	---------	--	--	-------------	--

Post Office Address							
---------------------	--	--	--	--	--	--	--

Post Office Address							
---------------------	--	--	--	--	--	--	--

City		State		Zip		Country		Applicant Authority
------	--	-------	--	-----	--	---------	--	---------------------

<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto
--

"Express Mail" mailing label number \_\_\_\_\_



10 Rec'd PCTO 08 APR 2002  
09/030761

PTO/SB/01 (6-95)

Approved for use through: 10/31/88 OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Type a plus sign (+) inside this box -

0010/PTO  
Rev. 6/95

U.S. Department of Commerce  
Patent and Trademark Office

## DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

Declaration Submitted with Initial Filing      OR       Declaration Submitted after Initial Filing

Attorney Docket  
Number

H 3597 PCT/US

First Named Inventor

WUELKNITZ, Peter

### COMPLETE IF KNOWN

Application Number

10/030,761

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TOOTHBRUSH

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) 04/19/2000 as United States Application Number or PCT International

Application Number PCT/EP00/03535 and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES      NO
199 19 196.4	Germany	04/28/1999	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
		<input type="checkbox"/>

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

## DECLARATION

Page 2

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP00/03535	04/19/2000	

Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Firm Name _____	<input type="checkbox"/> Customer Number _____		
OR			
<input checked="" type="checkbox"/> List Attorney(s) and/or agent(s) name and registration number below:			
Name	Registration Number	Name	Registration Number
Wayne C. Jaeschke Kimberly R. Hild	21,062 39,224	Glenn E. J. Murphy Stephen D. Harper	33,539 33,243

Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to:	<input checked="" type="checkbox"/> Customer Number or label	00423	OR	<input type="checkbox"/> Fill in correspondence address below
Name	Glenn E. J. Murphy			
Address	Henkel Corporation - Patent Department			
Address	2500 Renaissance Boulevard, Suite 200			
City	Gulph Mills	State	PA	ZIP 19406
Country	USA	Telephone	610-278-4926	Fax 610-278-6548

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned							
Given Name	Peter	Middle Initial		Family Name	WUELKNITZ	Suffix e.g. Jr.			
Inventor's Signature					Date				
Residence: City	Leichlingen	State		Country	Germany	Citizenship	Germany		
Post Office Address		Im Erlengrund 9							
Post Office Address									
City	42799 Leichlingen	State		Zip		Country	Germany	Applicant Authority	
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto									

**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental SheetName of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor

Given Name	Susanne	Middle Initial		Family Name	WITTING	Suffix e.g. Jr.	
------------	---------	----------------	--	-------------	---------	-----------------	--

Inventor's Signature					Date		
----------------------	--	--	--	--	------	--	--

Residence: City	Koeln	State		Country	Germany	Citizenship	Germany
-----------------	-------	-------	--	---------	---------	-------------	---------

Post Office Address	Auf dem Roemerberg 22						
---------------------	-----------------------	--	--	--	--	--	--

Post Office Address							
---------------------	--	--	--	--	--	--	--

City	40968 Koeln	State		Zip		Country	Germany	Applicant Authority
------	-------------	-------	--	-----	--	---------	---------	---------------------

Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor

Given Name	Ruediger	Middle Initial		Family Name	VETTER	Suffix e.g. Jr.	
------------	----------	----------------	--	-------------	--------	-----------------	--

Inventor's Signature					Date	2/1/01	
----------------------	---	--	--	--	------	--------	--

Residence: City	Duesseldorf	State		Country	Germany	Citizenship	Germany
-----------------	-------------	-------	--	---------	---------	-------------	---------

Post Office Address	Mellesallee 5						
---------------------	---------------	--	--	--	--	--	--

Post Office Address							
---------------------	--	--	--	--	--	--	--

City	40697 Duesseldorf	State		Zip		Country	Germany	Applicant Authority
------	-------------------	-------	--	-----	--	---------	---------	---------------------

Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor

Given Name	Yvette	Middle Initial		Family Name	KOSMETATOU	Suffix e.g. Jr.	
------------	--------	----------------	--	-------------	------------	-----------------	--

Inventor's Signature					Date		
----------------------	--	--	--	--	------	--	--

Residence: City	Kifissia Athen	State		Country	Greece	Citizenship	Greece
-----------------	----------------	-------	--	---------	--------	-------------	--------

Post Office Address	22, Strofiliou Street						
---------------------	-----------------------	--	--	--	--	--	--

Post Office Address							
---------------------	--	--	--	--	--	--	--

City	GR-14561 Kifissia Athen	State		Zip		Country	Greece	Applicant Authority
------	-------------------------	-------	--	-----	--	---------	--------	---------------------

Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor

Given Name		Middle Initial		Family Name				Suffix e.g. Jr.
------------	--	----------------	--	-------------	--	--	--	-----------------

Inventor's Signature					Date		
----------------------	--	--	--	--	------	--	--

Residence: City		State		Country		Citizenship	
-----------------	--	-------	--	---------	--	-------------	--

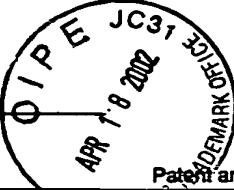
Post Office Address							
---------------------	--	--	--	--	--	--	--

Post Office Address							
---------------------	--	--	--	--	--	--	--

City		State		Zip		Country		Applicant Authority
------	--	-------	--	-----	--	---------	--	---------------------

<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto
--

"Express Mail" mailing label number



10 Rec'd PTO 78 APR 2002  
04/030761

Approved for use through: 10/31/98 OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Type a plus sign (+) inside this box -

0010/PTO  
Rev. 6/95

U.S. Department of Commerce  
Patent and Trademark Office

## DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

Declaration Submitted with Initial Filing      OR       Declaration Submitted after Initial Filing

PATENT	
Attorney Docket Number	H 3597 PCT/US
First Named Inventor	WUELKNITZ, Peter
COMPLETE IF KNOWN	
Application Number	10/030,761
Filing Date	
Group Art Unit	
Examiner Name	

As, a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TOOTHBRUSH

(Title of the Invention)

the specification of which  
 is attached hereto

OR

was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(e)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES      NO
199 19 196.4	Germany	04/28/1999	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
		<input type="checkbox"/>

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

## DECLARATION

Page 2

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP00/03535	04/19/2000	

Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

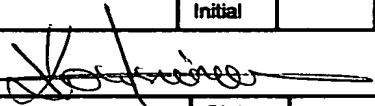
<input type="checkbox"/> Firm Name _____	<input type="checkbox"/> Customer Number _____		
<input type="checkbox"/> OR			
<input checked="" type="checkbox"/> List Attorney(s) and/or agent(s) name and registration number below:			
Name	Registration Number	Name	Registration Number
Wayne C. Jaeschke Kimberly R. Hild	21,062- 39,224	Glenn E. J. Murphy Stephen D. Harper	33,539 33,243

Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to:	<input checked="" type="checkbox"/> Customer Number or label	00423	OR	<input type="checkbox"/> Fill in correspondence address below
Name	Glenn E. J. Murphy			
Address	Henkel Corporation - Patent Department			
Address	2500 Renaissance Boulevard, Suite 200			
City	Gulph Mills	State	PA	ZIP 19406
Country	USA	Telephone	610-278-4926	Fax 610-278-6548

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned					
Given Name	Peter	Middle Initial		Family Name	WUELKNITZ	Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City	Leichlingen	State		Country	Germany	Citizenship	Germany
Post Office Address	Im Erlengrund 9						
Post Office Address							
City	42799 Leichlingen	State		Zip		Country	Germany
						Applicant Authority	
<input checked="" type="checkbox"/>	Additional inventors are being named on supplemental sheet(s) attached hereto						

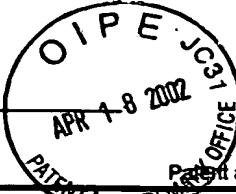
DECLARATION					ADDITIONAL INVENTOR(S) Supplemental Sheet				
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name	Susanne		Middle Initial		Family Name	WITTIG		Suffix e.g. Jr.	
Inventor's Signature						Date			
Residence: City	Koeln		State		Country	Germany	Citizenship	Germany	
Post Office Address	Auf dem Roemerberg 22								
Post Office Address									
City	40968 Koeln	State	Zip		Country	Germany	Applicant Authority		
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name	Ruediger		Middle Initial		Family Name	VETTER		Suffix e.g. Jr.	
Inventor's Signature						Date			
Residence: City	Duesseldorf		State		Country	Germany	Citizenship	Germany	
Post Office Address	Meliessallee 5								
Post Office Address									
City	40597 Duesseldorf	State	Zip		Country	Germany	Applicant Authority		
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name	Yvette		Middle Initial		Family Name	KOSMETATOU		Suffix e.g. Jr.	
Inventor's Signature						Date	23.11.2001		
Residence: City	Kifissia Athen		State		Country	Greece	Citizenship	Greece	
Post Office Address	22, Strofiliou Street								
Post Office Address									
City	GR-14561 Kifissia Athen	State	Zip		Country	Greece	Applicant Authority		
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name			Middle Initial		Family Name			Suffix e.g. Jr.	
Inventor's Signature						Date			
Residence: City			State		Country			Citizenship	
Post Office Address									
Post Office Address									
City			State	Zip		Country			Applicant Authority
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto									

"Express Mail" mailing label number \_\_\_\_\_

Type a plus sign (+) inside this box -

0010/PTO  
Rev. 6/95

U.S. Department of Commerce  
Patent and Trademark Office



10 Rec'd PTO 08 APR 2002

U Y / U 30761

PTO/SB/01 (6-95)

Approved for use through: 10/31/98 OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

## DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

Declaration Submitted with Initial Filing      OR       Declaration Submitted after Initial Filing

Attorney Docket Number	H 3597 PCT/US
First Named Inventor	WUELKNITZ, Peter
COMPLETE IF KNOWN	
Application Number	10/030,761
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**TOOTHBRUSH**

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) **04/19/2000** as United States Application Number or PCT International

Application Number **PCT/EP00/03535** and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(e) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES      NO
199 19 196.4	Germany	04/28/1999	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
		<input type="checkbox"/>

**Burden Hour Statement:** This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.**

## DECLARATION

Page 2

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP00/03535	04/19/2000	

Additional U.S. or PCT International application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Firm Name OR <input checked="" type="checkbox"/> List Attorney(s) and/or agent(s) name and registration number below:	<input type="checkbox"/> Customer Number or label
Wayne C. Jaeschke Kimberly R. Hild	21,062 39,224

Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to:	<input checked="" type="checkbox"/> Customer Number or label	00423	OR <input type="checkbox"/> Fill in correspondence address below
Name	Glenn E. J. Murphy		
Address	Henkel Corporation - Patent Department		
Address	2500 Renaissance Boulevard, Suite 200		
City	Gulph Mills	State	PA
Country	USA	Telephone	610-278-4926
		Fax	610-278-6548

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned					
Given Name	Peter	Middle Initial		Family Name	WUELKNITZ	Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City	Leichlingen	State		Country	Germany	Citizenship	Germany
Post Office Address		Im Erlengrund 8					
Post Office Address							
City	42799 Leichlingen	State	Zip	Country	Germany	Applicant Authority	
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental SheetName of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor

Given Name	Susanne	Middle Initial		Family Name	WITTIG	Suffix e.g. Jr.	
------------	---------	----------------	--	-------------	--------	-----------------	--

Inventor's Signature					Date	13. 11. 2001	
----------------------	--	--	--	--	------	--------------	--

Residence: City	Koeln	State		Country	Germany	Citizenship	Germany
-----------------	-------	-------	--	---------	---------	-------------	---------

Post Office Address	Auf dem Roemerberg 22						
---------------------	-----------------------	--	--	--	--	--	--

Post Office Address							
---------------------	--	--	--	--	--	--	--

City	40968 Koeln	State		Zip		Country	Germany	Applicant Authority
------	-------------	-------	--	-----	--	---------	---------	---------------------

Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor

Given Name	Ruediger	Middle Initial		Family Name	VETTER	Suffix e.g. Jr.	
------------	----------	----------------	--	-------------	--------	-----------------	--

Inventor's Signature					Date		
----------------------	--	--	--	--	------	--	--

Residence: City	Duesseldorf	State		Country	Germany	Citizenship	Germany
-----------------	-------------	-------	--	---------	---------	-------------	---------

Post Office Address	Meliessallee 5						
---------------------	----------------	--	--	--	--	--	--

Post Office Address							
---------------------	--	--	--	--	--	--	--

City	40597 Duesseldorf	State		Zip		Country	Germany	Applicant Authority
------	-------------------	-------	--	-----	--	---------	---------	---------------------

Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor

Given Name	Yvette	Middle Initial		Family Name	KOSMETATOU	Suffix e.g. Jr.	
------------	--------	----------------	--	-------------	------------	-----------------	--

Inventor's Signature					Date		
----------------------	--	--	--	--	------	--	--

Residence: City	Kifissia Athen	State		Country	Greece	Citizenship	Greece
-----------------	----------------	-------	--	---------	--------	-------------	--------

Post Office Address	22, Strofiliou Street						
---------------------	-----------------------	--	--	--	--	--	--

Post Office Address							
---------------------	--	--	--	--	--	--	--

City	GR-14561 Kifissia Athen	State		Zip		Country	Greece	Applicant Authority
------	-------------------------	-------	--	-----	--	---------	--------	---------------------

Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor

Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
------------	--	----------------	--	-------------	--	-----------------	--

Inventor's Signature					Date		
----------------------	--	--	--	--	------	--	--

Residence: City		State		Country		Citizenship	
-----------------	--	-------	--	---------	--	-------------	--

Post Office Address							
---------------------	--	--	--	--	--	--	--

Post Office Address							
---------------------	--	--	--	--	--	--	--

City		State		Zip		Country		Applicant Authority
------	--	-------	--	-----	--	---------	--	---------------------

<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto
--